Evidence for addition of age & birth date is shown on FILM No. G 9 4 MAY 11 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-a)

CERTIFICATE OF DEATH

02707

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton 2nd
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: John H Baggs.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	married

6.(b) Name of husband or wife: Dunnie Lucas Baggs.
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 20, 1858

8. AGE: Years	Months	Days	If less than one day
85	3	2	hrs. min.

9. Birthplace: Near Greensboro Md.
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business
FATHER 12. Name: Andrew Baggs
13. Birthplace: Maryland
MOTHER 14. Maiden name:
15. Birthplace:
18. Informant: Mrs John H Baggs
Address: Denton
17. Buried (Burial, cremation, or removal. Which?) Date thereof 3-25-45 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton Md.
18. Funeral director: J. Virgil Moore
Address: Denton Md.
19. 3/24 1945 (Data rec'd by registrar) M W Keene Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 22 1945 at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1942 to Mar 22 1945 and that I last saw h[er] alive on Mar 22 1945

Immediate cause of death	DURATION
Due to Cardiac Renal-vascular disease	3yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Dawson D Keene M. D. or other
Address: Denton Date signed 3/24/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

02708

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charolette Brooks.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C	married.

6.(b) Name of husband or wife: William H Brooks.
6.(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): April 10 — 1872

8. AGE:

Years	Months	Days	If less than one day
72	10	9	hrs. min.

9. Birthplace: Concord Pa. (Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business
FATHER 12. Name: Albert Runnels
13. Birthplace: N. J.
MOTHER 14. Maiden name: Sarah Meyers.
15. Birthplace: N. J.
16. Informant: William H Brooks.
Address: Ridgely Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 23/45 (month) (day) (year)
Cemetery or crematory: West Denton
Location: Denton Md.
18. Funeral director: Raymond B. Rawlings
Address: Lewisboro Md.
19. Mar 23 19 45 (Date rec'd by registrar) S. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1945 at 10:30 PM
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 6 1944 to Mar. 19 1945
and that I last saw h.er alive on March 19 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to: Hypertensive-cardiovas-cular, renal disease	1 Year
Due to:	
Other conditions: Influenza Dec. 6-44	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: N. H. Smack M.D.
M. D. or other
Address: Denton Md. Date signed 3-20-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-6)

02709

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49 years

Hospital, Institution, or street address where death occurred:

Near Fairyard

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Fairyard

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Harry J. Bunklow

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Nettie V. Bunklow

6.(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) December 24 1883

8. AGE:	Years	Months	Days	If less than one day
	61	2	7	...hrs. ...min.

9. Birthplace Cumberland Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name David Bunklow

13. Birthplace Allegany County, Maryland

MOTHER 14. Maiden name Martha Trotman

15. Birthplace Allegany County, Maryland

16. Informant Mrs. Nettie V. Bunklow

Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 5 1945 (month) (day) (year)

Cemetery or crematory Linchester Cemetery

Location Near Preston, Maryland

18. Funeral director J.X. Frampton & Son

Address Federalsburg, Maryland

19. March 3 1945 (Date rec'd by registrar) C.D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1945, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1945, to March 1 1945

and that I last saw h... alive on March 1 1945

Immediate cause of death	DURATION
Cardiac Failure due to Inquisition	
Due to Carcinoma of Prostate	6 mo
Due to	
Other conditions Chronic Interst. Tuberculosis	?
Cirrhosis of Liver	?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

02710

Reg. Dist. No. 62

1. PLACE OF DEATH:
County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Court Square
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No. Court Square
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James Norman Clark

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Alma Thompson Clark
6.(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) November 2, 1892

8. AGE:

Years	Months	Days	If less than one day
52	4	20	....hrs. ....min.

9. Birthplace Caroline Co. Md
(Town, county, and state)
10. Usual occupation Hardware Merchant - farmer
11. Industry or business

FATHER
12. Name James M. Clark
13. Birthplace Caroline Co., Maryland

MOTHER
14. Maiden name Dora G. Towers
15. Birthplace Caroline Co., Maryland

16. Informant ~~[illegible]~~ Mrs Norman Clark
Address Denton

17. Buried Date thereof 3-26-45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or cremator Greenmount Cemetery
Location Hillsboro Md
18. Funeral director J. Virgil Moore & Son
Address Denton Md.

19. 3-24 1945 Wm D O George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1945, at 4:10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25 1939, to March 22 1945
and that I last saw him alive on March 22 1945

	DURATION
Immediate cause of death: Cerebral embolus - c̄ hemiplegia left	3-20-45
Due to: Endocarditis - vegetative	1 yr. or more
Pulmonary embolus c̄ infarction	Feb 1945
Due to: Coronary thrombosis anterior	Apr 1943
Coronary arteriosclerosis	7 yrs or more
Other conditions: Phlebitis, saphenous rt & left	Feb 1945
Diabetes mellitus (Include pregnancy within 3 months of death) -	year or more

Major findings of operations none
Date of op.
Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J S [illegible] MD. M. D. or other
Address Ridgely Md Date signed 3-24-45

(T)

Evidence for addition of residence of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-E)

02711

FILM No. G 9 4 MAY 15 1945

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 yrs.

Hospital, Institution, or street address where death occurred:
7th Street

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Fred E. Covey

3.(b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	white	married

6.(b) Name of husband or wife: Georgia A. Covey

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): November 14, 1877

8. AGE: Years	Months	Days	If less than one day
67	4	14	...hrs. ...min.

9. Birthplace: Hyrson, Md.
(Town, county, and state)

10. Usual occupation: office work

11. Industry or business: former county treasurer

FATHER
12. Name: Andrew Covey
13. Birthplace: Md.

MOTHER
14. Maiden name: Sarah Hubbard
15. Birthplace: Md.

16. Informant: Mrs. Fred Covey
Address: Denton, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: April 3 1945 (month) (day) (year)

Cemetery or crematory: Greensboro Cemetery

Location: Greensboro Md.

18. Funeral director: A. Harvey Williams

Address: Federalsburg, Md.

19. 3-5 (Date rec'd by registrar) 19 KS Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31 1945 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 8 1944 to March 31 1945 and that I last saw h... alive on March 30 1945

Immediate cause of death	DURATION
Carcinoma of Prostate with metastases to the Coccyx spine & hips	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles H Stevenson M D
M. D. or other

Address: Greensboro, Md. Date signed: 4/2/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-a)

CERTIFICATE OF DEATH

02712

Reg. Diat. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: West Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: West Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME George Walter Downes

3.(b) Social Security Number

4. Sex: M
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Widower
6.(b) Name of ~~husband~~ or wife: Virginia Scott Downes
6.(c) If alive, give age: ——— years
7. Birth date of deceased (mo., day, yr.): Mar. 25th 1869
8. AGE: Years: 76 Months: Days: 6 If less than one day: hrs. min.
9. Birthplace: Hillsboro Md. (Town, county, and state)
10. Usual occupation: retired farmer
11. Industry or business
FATHER 12. Name: George Downes
13. Birthplace: Maryland
MOTHER 14. Maiden name: Susan Spencer
15. Birthplace: Denton Md.
16. Informant: Mrs. Clinton Calvert
Address: Denton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-3-45 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton Md.
18. Funeral director: J. Virgil Turner & Son
Address: Denton Md.
19. 4-3 1945 (Date rec'd by registrar) Wm O Jump Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31 1945 at 10 P M
I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1947 to May 31 1945
and that I last saw h[illegible] alive on Mar. 31 1945

Immediate cause of death	DURATION
Cardio-Vascular-Renal	
Due to: Disease	3 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Dawson D George M. D. or other
Address: Denton Date signed 4/3/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

02713

CERTIFICATE OF DEATH

Reg. Diat. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mrs. Emma Freyer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widowed

6.(b) Name of husband or wife: Eli Freyer

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 25th 1870

8. AGE: Years 75 | Months 1 | Days 17 | If less than one day: hrs. min.

9. Birthplace: Pattstown Penn.

(Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER 12. Name: not known

13. Birthplace

MOTHER 14. Maiden name: Henrietta Bush

15. Birthplace Penn.

16. Informant: Mrs. Ralph Hampton

Address Rd. 1 Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 3-15-45 (month) (day) (year)

Cemetery or crematory: Maryland Memorial Park

Location: Pattstown Pa

18. Funeral director: J. Virgil Record & Son

Address: Denton Md.

19. 3-14 1945 (Date rec'd by registrar) Mrs D D Gregg Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 12th 1945, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945 to Mar 12 1945 and that I last saw her alive on Mar 12 1945

Immediate cause of death	DURATION
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Alonzo D Gregg M. D. or other

Address: Denton Md. Date signed 3/14/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74a

02714

CERTIFICATE OF DEATH

Reg. Diat. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: near Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: near Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Hiram Lynch Seisel

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	married

6.(b) Name of husband or wife
8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 7th 1855

8. AGE:

Years	Months	Days	If less than one day
90	1	10	hrs. min.

9. Birthplace: Penna.
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business

FATHER
12. Name: Henry Seisel
13. Birthplace: Penna.

MOTHER
14. Maiden name: Barbara Naugus
15. Birthplace: Penna.

16. Informant: Claud Seisel
Address: Rd. Denton md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 3-18-45 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton md. Rt 1

18. Funeral director: Virgil L. Greaves
Address: Denton md.

19. 3-17 1945 (Date rec'd by registrar) M. D. Kemp Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15th 1945 at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1929 to March 15 1945 and that I last saw him alive on March 13 1945

Immediate cause of death	DURATION
Coronary arteriosclerosis	6 mo.
Due to	
Due to	
Other conditions: General arteriosclerosis	6 yr.

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. Paul Trotts M.D.
M. D. or other
Address: Denton md. Date signed 3/17/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02715

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Wilhelmina P. Godwin

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6.(b) Name of husband or wife: George W. Godwin

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 3, 1855

8. AGE: Years	Months	Days	If less than one day
89	11	28	hrs. min.

9. Birthplace: Kent County, Maryland

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Unknown

13. Birthplace:

MOTHER — 14. Maiden name: Unknown

15. Birthplace:

16. Informant: Walter Garey

Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 5 1945 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Md.

18. Funeral director: Albert Black

Address: Easton Md.

19. 3/5 1945 N. H. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 1, 1945 at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1945, to March 1, 1945 and that I last saw h[illegible] alive on March 1, 1945

Immediate cause of death	DURATION
Arteriosclerotic	
Cardiovascular Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Clark H. Hoveiler M.D. M. D. or other

Address: Greensboro, Md. Date signed: March 14 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

02716

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Ridgely
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Rodgers Henry Hall

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

D.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 29, 1945

8. AGE:

Years	Months	Days	If less than one day
			7 hrs. 15 min.

9. Birthplace: Ridgely, Caroline Co., Maryland (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Thomas Henry Hall
13. Birthplace: Denton, Maryland

MOTHER
14. Maiden name: Mary Emma Cole
15. Birthplace: Ridgely, Md.

18. Informant: Mary Emma Hall
Address: Ridgely Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 30 1945 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro Md

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md

19. March 30 1945 (Date rec'd by registrar) J. D. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 29 1945, at 11:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1945, to 1945 and that I last saw h.i.m. alive on March 29 1945

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none Date of op.:

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Stiles M.D. (M. D. or other)
Address: Ridgely Md Date signed: 3-29-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-5)

CERTIFICATE OF DEATH

02717 6 2

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME N. Clay Hobbs.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Widower

6.(b) Name of husband or wife Evelyn Harvey Hobbs.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1858

8. AGE: Years	Months	Days	If less than one day
86	4	27	..... hrs. ..... min.

9. Birthplace Hobbs, Caroline, Maryland

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Lecklesbury Hobbs.

13. Birthplace Delaware

MOTHER

14. Maiden name Eleanor Robinson

15. Birthplace Del.

16. Informant Katherine Johnson

Address Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 16, 1945 (month) (day) (year)

Cemetery or crematory Hobbs

Location Hobbs, Md.

16. Funeral director R. Elmer Cook

Address Denton, Md.

19. 3-14 1945 (Date rec'd by registrar) M. D. Gunby Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1945 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1944 to Mar 14 1945

and that I last saw him alive on Mar 14 1945

Immediate cause of death	DURATION
Due to Cardio-Renal Vascular Disease	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lemuel T. George M. D. or other

Address Denton Date signed 3/14/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

02718

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred: Greenridge Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Greenridge Road
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Eseneth F. Jones

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Noah N. Jones

6.(c) If alive, give age: —

7. Birth date of deceased (mo., day, yr.): August 8, 1846

8. AGE: Years: 98 | Months: 7 | Days: 15 | If less than one day: ...hrs. ...min.

9. Birthplace: Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER
12. Name: Samuel A. Williams
13. Birthplace: Dorchester County, Maryland

MOTHER
14. Maiden name: Tamza Adams
15. Birthplace: Caroline County, Maryland

16. Informant: Mrs. Lydia A. Pusey
Address: Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 26, 1945 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. March 24 1945 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1945, at 9:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1, 1945, to Mar 23, 1945

and that I last saw h.e.r. alive on Mar 23 1945

Immediate cause of death	DURATION
Chronic myocarditis	20 yrs.
Due to: Senility	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: Frank M Anderson M.D.
M. D. or other

Address: Federalsburg Md Date signed: 3/27/45

Evidence for change of year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02719

FILM No. G 9 4 MAY 11 1945

Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Julia Kulec.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Widowed.

6.(b) Name of husband or wife: John Kulec.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 1 - 1873 1871

8. AGE: Years	Months	Days	If less than one day
73	10	14	..... hrs. ..... min.

9. Birthplace: Austria Hungary. (Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business: ✓
12. FATHER — Name: Unknown.
13. FATHER — Birthplace: Austria Hungary.
14. MOTHER — Maiden name: Mary
15. MOTHER — Birthplace: Austria Hungary.
16. Informant: Mrs Julia Kulec. Address: Ridgely Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch. 17. 45 (month) (day) (year)
Cemetery or crematory: Holy Cross.
Location: Denton Greensboro Road.
18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.
19. Mar 17 19 45 (Date rec'd by registrar) J. D. Davis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch. 15 19 45, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 19 43, to March 15 19 45
and that I last saw h[illegible] alive on March 17 19 45

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
CVD.	
Due to Arteriosclerosis	Chronic
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Kurt Loderer M.D. M. D. or other
Address: Queen Anne Md. Date signed 5/16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for change of year of birth of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

02720

FILM No. G 94 MAY 16 1945

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Greensboro.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Clarrentine Nichols

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed.

6.(b) Name of husband or wife: George Nichols.
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 18 1868

8. AGE: Years: 77 | Months: | Days: 7 | If less than one day: hrs. min.

9. Birthplace: Greensboro Md.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

FATHER
12. Name: William Hobbs.
13. Birthplace: Md.

MOTHER
14. Maiden name: Sarah Porter
15. Birthplace: Md.

16. Informant: Earl Nichols.
Address: Bethelyville Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 29 45 (month) (day) (year)
Cemetery or crematory: Greensboro.
Location: Greensboro Md.

16. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19 Mar 29 45 L. MacPhail Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 26 1945, at 10-30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 1, 1945, to Mar. 26, 1945 and that I last saw h.. alive on March 26, 1945

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to	
Due to	
Other conditions Senile Psychosis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Howard Jr. M.D.
M. D. or other
Address: Greensboro Md. Date signed 3/29/45.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

02721

Reg. Diat. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Concord

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Concord
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Jacob Nichols

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Katie Nichols

B.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 26, 1866

8. AGE:

Years	Months	Days	If less than one day
78	8	5	...hrs. ...min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Retired Blacksmith

11. Industry or business Blacksmith

FATHER
12. Name Robert J. Nichols

13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Julia C. Warren

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Katie Nichols

Address Federalsburg, Maryland, R.F.D.

17. Burial Date thereof April 2 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. April 2 1945 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1945, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1944 to March 31 1945

and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death	
Due to Cardiac Vascular Renal Disease	6 mo
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thurson O Terry M. D. or other
Doctor

Address Date signed 4/2/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-2)

02722

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Caroline
City or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Thomas A. Schlegel.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married.

6.(b) Name of husband or wife: Mary A. Schlegel.
6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Oct 9. 1866

8. AGE:

Years	Months	Days	If less than one day
79	5	11	...hrs. ...min.

9. Birthplace: Northampton County Pa.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: ✓

FATHER
12. Name: Unknown
13. Birthplace: Unknown.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown.

18. Informant: Mrs Mary Schlegel
Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 23/45 (month) (day) (year)
Cemetery or crematory: Ridgely.
Location: Ridgely Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. Mch. 21 1945 (Date rec'd by registrar) L. MacPherson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch. 19 1945 at 11.30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1945, to Mar. 19 1945 and that I last saw h...em alive on March 19 1945

Immediate cause of death	DURATION
Due to: Cerebral Hemorrhage	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank H. Schwardt M.D.
M. D. or Coroner
Address: Preston Md. Date signed: 3-21-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18a

02723

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred: Steward Nursing Home
How long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Sallie Schmidt

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widowed.

6.(b) Name of husband or wife: August Schmidt
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): March 1. 1865

8. AGE:

Years	Months	Days	If less than one day
80	1	30	hrs. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business
12. Name of father: No Record
13. Birthplace of father: Germany
14. Maiden name of mother: No Record
15. Birthplace of mother: Germany
16. Informant: Steward Nursing Home
Address: Greensboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 2/45 (month) (day) (year)
Cemetery or crematory: Greensboro Md
Location: Greensboro Md.
18. Funeral director: Raymond B. Rawleigh
Address: Greensboro Md.
19. Mar 31 1945 (Date rec'd by registrar) L. MacPherson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31 19 45 at 10:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 19 45 to Mar. 31 1945 and that I last saw her alive on March 30 19 45

Immediate cause of death	DURATION
Coronary Sclerosis Cardio-Vascular Disease	
Due to: Accidental fall; in her room C.W.S.R.	
Due to: March 28th. 1945	
Other conditions: Fracture L. Neck L. Femur	4 da.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of March 28. 1945.
Where did injury occur? Steward Home, Greensboro, Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) In Nursing home.
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Stevenson M.D.
M.D. or Coroner
Address: Greensboro, Md. Date signed: March 31 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

02724

Reg. Dist. No. 47

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Caroline.

City or town: Greensboro.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John Schweitzer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married.

B.(b) Name of husband or wife: Bertha Schweitzer

B.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Aug 4, 18 1877

8. AGE:

Years	Months	Days	If less than one day
67	7	10	..... hrs. ..... min.

9. Birthplace: Fellow Dale, (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Philip Schweitzer

13. Birthplace: Germany.

MOTHER 14. Maiden name: Katherine Schmidt

15. Birthplace: Germany.

18. Informant: Mrs. Bertha Schweitzer

Address: Greensboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 1, 1945. (month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. May 31 1945 (Date rec'd by registrar) L. Mac Poppin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 28 1945, at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1944, to March 25 1945 and that I last saw h... alive on March 27 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: General Arteriosclerosis.	1
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. J. Clapsaddle M. D. or other

Address: Harrington Del. Date signed: 3/30/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02725

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Mary A. Sipple

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: William B. Sipple
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mch. 6 — 1870

8. AGE: Years	Months	Days	If less than one day
75		8	hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Henry Foshwick
13. Birthplace: Penn.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Pennsylvania

16. Informant: Noble Sipple
Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 12, 45 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro Md.
18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. Mch. 12 1945 (Date rec'd by registrar) L. McLipsie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9 1945, at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 1944 to Mar. 9 1945
and that I last saw her alive on March 9 1945
Immediate cause of death: Myocarditis

	DURATION
Due to: Chronic Bronchitis	
Due to:	
Other conditions: Pulic Disease	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Howard M.D.
Address: Preston Md. Date signed: 3-10-1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02726

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Ridgely - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Charles Henry Smith

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 2 1901

8. AGE: Years 43 | Months 4 | Days 12 | If less than one day ..... hrs. ..... min.

9. Birthplace: Talbot Co., Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farming

FATHER
12. Name: Alex Smith
13. Birthplace: Md

MOTHER
14. Maiden name: Emma Pratt
15. Birthplace: Md

16. Informant: Virginia Bailey
Address: Ridgely, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-17-45 (month) (day) (year)
Cemetery or crematory: Spring Grove Cemetery
Location: Near Denton

18. Funeral director: J. Virgil Moore
Address: Denton Md

19. Mar 16 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 1945, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 20 1944, to March 7 1945
and that I last saw h.m. alive on March 7 1945

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 mo
Due to: Lymphadenitis	2 mo 2 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: J. Shafer M.D.
M. D. or other
Address: Ridgely Md Date signed 3-14-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING